

**REQUEST FOR CRIMINAL BACKGROUND/
CLEARANCE INFORMATION**

Based upon the accompanying signed authorization, I am hereby requesting the criminal record clearance status indicated in the authorization on behalf of _____.
(PRINT NAME)

SIGNATURE OF INDIVIDUAL RECEIVING THE INFORMATION

DATE SIGNED

PRINT NAME OF INDIVIDUAL RECEIVING THE INFORMATION

AGENCY

POSITION

CRIMINAL RECORD CLEARANCE STATUS:

Department of Justice _____

Federal Bureau of Investigation _____

Child Abuse Registry _____

If this individual has an exemption, what is the facility type for which the exemption was granted? _____

Self-addressed stamped envelope enclosed

SIGNATURE OF COMMUNITY CARE LICENSING REPRESENTATIVE

DATE LIS WAS VIEWED